

Application for Certification of Incapable Wells Gas Severance Tax FORM G-2

Louisiana Department of Revenue Attn: Taxpayer Services Division Severance Tax Section

P.O. Box 66362, Baton Rouge, LA 70896-6362

																	Please print or type
Telephone	Date	Name of applying company						Revenue Account Number			Reporting Company Number Field I				Field Na	ame	
		Address: (street number, city, state, ZIP)						Production (MM/YYYY)			*Method of producing code					** Well classification code	Do not write in this column.
											1-Flowing 2-Gas lift 3-Pumping 4-Hydraulic lift						FOR OFFICE USE ONLY.
		Producer's name	Well Numbe	Parish	Conservation cod				Measure ment	Daily avg. prod. during	Well head pressure				of wells		
		Lease and Well name		r code	Field	Producer	Lease	Well serial Method	cal. month (MCF)	Production Code 1 only			Capable	Incapable	э		
amined I to the t, and																	
Under the penalties of perjury, I declare that I have examined this return, including all accompanying documents and to the best of my knowledge and belief, it is true, correct, and complete.																	
	title																
	Signature and title																
Under this re best comp	Signa																
FOR OFFICE USE ONLY. The wells listed here are approved, subject to redetermination. Effective:	Date																
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	Authorized signature																
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